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POSTER ABSTRACTS

5 - 7 December 2016 | Mercure Brisbane

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Recognising and responding to domestic violence: Exploring the role of student dentists

The value of student dentists in recognising, responding and potentially reducing the incidence of domestic violence in regional and rural communities has not been explored in Australia. While dental curricula includes medico-legal, ethical and clinical management of adult and paediatric trauma, anecdotal reports from student dentists indicate that they feel inadequately prepared for responding appropriately in both clinical practice and the community to women who experience domestic violence. This presentation will report on an innovative partnership between the James Cook University Dentistry, Social Work and the Cairns Regional Domestic Violence Service to address this problem.

This mixed methods research project was conducted by Year 4 dental students who practice clinically. Using pre and post intervention surveys and focus groups, the researchers aimed to identify and document undergraduate dental surgery students' understanding of domestic violence and how prepared they felt for recognising and responding within a clinical setting to women who experience domestic violence. The intervention involved a "Recognise and Respond to Domestic Violence" workshop delivered by expert facilitators for Bachelor of Dental Surgery students in Years 3 & 5. Knowledge and perceptions before and after the workshop were compared and contrasted. Focus groups enriched the evaluation data on the value and effectiveness of the intervention for clinical practice.

Preliminary findings indicate that all workshop participants developed knowledge and awareness around recognising forms of domestic violence and were enabled to embed this into their clinical assessment. However, while empathy was evident, students' ability to capably and confidently respond requires further development. Identified differences in responses between students in clinical years 3, 4 and 5 of the dental program will inform plans for further learning activities around domestic violence within the curriculum. In particular, a focus on the role of dentists in regional, rural and remote communities will be included.

Ms Mingshuang Ding, Research Nurse/Midwife, QLD Health

Co-Author: Dr Jane Simon, Librarian, QLD Health

Domestic violence order: how effective it is? A real case scenario

A domestic violence order is made by the court to stop threats or acts of domestic violence. It is an official document issued by the court that sets out rules the respondent must obey. A domestic violence order is designed to keep the aggrieved safe by making it illegal for the respondent to behave in specific ways (2016).'

This is a real case scenario which demonstrates the ineffectiveness of a domestic violence order in terms of protecting the aggrieved from non-physical abuse.

In July (2nd) 2014, a domestic violence order was granted until July (2nd) 2016 to a family of four (mother, father, son and daughter). The order was granted to limit the grandmother's (based on professional psychiatric evaluation who is psychopathic, borderline cluster B and narcissistic personality disorders) contact with the family.

During the 2 years period, the family received a number of threats. For instance, (1) similar content text messages threatening 'no happiness will be achieved' from an overseas phone number, (2) Facebook request named the same as the respondent, and (3) real estate monthly updated new letters with attention to the respondent but appeared in the aggrieved email inbox.

The aggrieved has reported the above to the police. However, after short discussions with the police officers, the following responses were made: (1) not able to locate overseas phone number, as uncertain of the ownership of the phone, (2) not able to press charges as anyone can create a Facebook account and send the invite, and (3) under investigation, the police has discovered the respondent provided the aggrieved email address to several real estate agents, the police called the real estate agents to remove the aggrieved email from the list, no charges was pressed.

However, on the 10th of January 2016. A phone call was received by the aggrieved husband (named protected by the order). Content as follows: the person claimed to be the solicitor representing the respondent; the solicitor claimed to be aware of the order, the solicitor would like to have the aggrieved's new phone number to pass onto the respondent. Formal police statements were made and investigations were conducted. Based on the investigations, the police have discovered that the phone call was from a friend of the respondent and not the solicitor. However, no charge was made to the respondent, even though one of the conditions on the order was that 'the respondent is prohibited from contacting or attempting to contact or asking someone else to contact the named person/s'. No charges were pressed due to the respondent's claim that when the order was served in English, she didn't fully understand it. The police also located the record of the hearing, a solicitor was present with the respondent at the hearing and provided interpretation.

Based on this real case scenario, even though the order has listed 13 conditions to limit the respondent's contact with the aggrieved, nevertheless the respondent has successfully harassed the family constantly during the two years that the domestic violence order has been in place.

Is a domestic violence protection order an effective strategy against non-physical threats?

Reference:

(2016). "What is a domestic violence order?". Retrieved 21th June, 2016, from <http://www.courts.qld.gov.au/courts/magistrates-court/domestic-and-family-violence/what-is-a-domestic-violence-order>.

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Recognising Narcissistic Parental Disorders: What's normal, what's not?

Recognising Narcissistic Parental Disorders: What's normal, what's not?

What's the difference between normal parents and narcissistic parents? Sometimes the answer is clear, but often the distinction between those two isn't so obvious.

Recognising and identifying Narcissistic Parental Disorder can provide better support to children who are victims of disorder.

Structure of Narcissistic Parents

In every family situation where the mother who has narcissistic personality disorder, and an enabling father who is also (1) mild to moderate narcissistic, or (2) is absent from the family. A father who stands up to his partner will not be tolerated for long, or will not find his life tolerable, and will either leave or be kicked out. Narcissists simply don't have healthy and functioning relationships, and so there is either no relationship, or a dysfunctional and enabling one.

Enabling Father

An enabling father is one who panders to the narcissistic mother, worships completely at her altar and thus facilitates the abuse of their children, and also expects the children to idolise their narcissistic mother. Or perhaps he does not worship as much as fears her; but the result is the same: he is her sidekick, making sure that she is kept happy no matter the cost to his children.

Case Scenario

Through a semi-structured interview, one participant quoted: the father said, 'I chose to marry your mother, but I didn't choose to have you.' That verbal communication has dismissed the child's concerns and the children can no longer rely or trust their father. That behaviour showed that the father believed his wife was perfect, or near perfect, in order to feel he had chosen a good wife. An illusion was created as both parent believed that the mother was the perfect one, and continued to preserve that illusion. Another participant also quoted: the father used to say, 'I know what's your mother like, she could be quite difficult from time to time, but she is your mother, you just have to take it.' As a result, the enabling father was trying to rationalise away his wife's behaviour and also to avoid taking responsibility as a father.

Victim's Frustration

As a result, children of narcissistic parents are living in a no-win situation. They have no champion, nobody to protect them.

Calling

More research needs to be conducted in order to identify narcissistic parental disorder in the areas of (1) conducting comprehensive literature review on narcissistic parental disorder, (2) developing and validating screening and assessment tool for children to identify whether or

not they have a narcissistic parent, (3) interviewing children's experience with their narcissistic parents and (3) forming psychosocial support strategies for children with narcissistic parents.

Ms Lydia Mainey, Lecturer, CQUniversity Australia

Termination of pregnancy in Australia in the context of sexual assault and domestic violence

The termination of a pregnancy is a complex decision which one in three Australian women will make in their lifetime. Australian women who report domestic violence or recent physical or sexual violence are over three times more likely to terminate a pregnancy than non-abused women (Taft & Watson, 2007). Although the majority of Australians support a woman's right to choose, abortion remains a strong political bargaining factor in both the state and federal parliaments. Termination laws are state-based and, with the exception of the ACT, are covered under the criminal code, signifying an inequity of services and a concerning level of court intrusion in women's health decisions. Furthermore, misogynist political rhetoric on motherhood and the family reinforces the social construct of shame and taboo surrounding abortion. Procuring a termination is often expensive, only partially covered by Medicare, and may require a woman to travel large distances to attend an abortion clinic or hospital. Compounding these factors, the stigma and discretion surrounding abortion makes it especially difficult for vulnerable women experiencing violence to access this service. This presentation will describe the reality that survivors of domestic violence and sexual assault face when trying to access termination services while experiencing multiple forms of potential trauma. This presentation will include a description of the research design of a project being carried out by the author with the aim of creating meaningful support mechanisms for women who experience domestic violence and sexual assault.

Ms Nicola Payne, Director, Amovita Consulting

Building the next generation's workforce through the use of Neuroscience as an educator of resilience and self-care.

'Employees must come first. If you take care of your employees, they will take care of the clients.' adapted from entrepreneur Richard Branson

The Australian Psychological Society undertook research found that Australian's level of wellbeing remains at lower rates than nearly ten years ago. Despite advances in technology and being in an information revolution, stress and burnout is ever present in today's workplace (<https://www.psychology.org.au/Assets/Files/PW15-SR.pdf>).

The increasing figure that Australia is spending on workplace related burnout and stress is difficult to ignore. Absenteeism costs the Australian economy over \$325 billion per annum, with the average cost of absence in payroll and lost productivity estimated to be \$347 per work day.

This workshop explores the challenges in delivering services with increased complexities when clients attend our services. It provides participants with practical and tangible skills to better manage how they think about and respond to stress, burnout and fatigue. In particular we explore how professionals can engage new information through neuroscience to inform their own perceptions of caring for self and how to be more present at work.

Through a professional case study, we explore the place that neuroscience has for staff to be better informed and empowered for their own health and wellbeing. Amovita's framework will focus the presentation on reducing absenteeism factors, increased happiness and performance in the workplace and show how to develop and maintain an educated and balance workforce for future generations.

Participants explore the importance of developing a self-care strategy that can be used for both themselves and clients. Participants will receive tools that can be transferred and used in the workplace. The intended outcomes include: more awareness and insights to the importance of understanding how neuroscience informs self-care and stress, an understanding of how the brain functions under stress and in this short workshop, participants will understand and be able to put into place more informed practices with clients who have experienced stress, trauma and disadvantage given their experiences of family and domestic violence.

Ms Elizabeth Price, Education and training coordinator, Children by Choice

Co-Author: Miss Liz Price, Counellor Trainer, Children by Choice

Recognising the link: Unplanned Pregnancy and Reproductive Coercion

Aim: Children by Choice is a small not-for-profit pro-choice organisation, providing Queensland wide counselling, information and referral on all unplanned pregnancy options. This presentation will discuss our work with women experiencing domestic violence, the link between unplanned pregnancy and reproductive coercion and our responses in this emerging area of need. It will also provide strategies for professionals to address the complex needs of these women.

Content: Since 2010-11, we experienced an increase in contacts reporting DV, including sexually assault and reproductive coercion, from 10% to 30.5%. (some repeat clients). In 2014-15, 55% of ATSI contacts and 26% of CALD contacts reported DV. Clients experiencing domestic violence were over-represented in the groups of women presenting later in pregnancy.

In 2014 in partnership with the UQ Pro Bono Legal Centre we reviewed the existing International and the limited Australian evidence, to determine the existence of a link between unplanned pregnancy, domestic violence and reproductive coercion. This showed a strong link with unintended pregnancies being two to three times more likely to be associated with intimate partner violence than planned pregnancies. (Miller 2010). This correlation is often because of 'reproductive coercion' within an abusive relationship.

DV screening pregnant women occurs in prenatal settings but isn't widespread, gaps exist in other settings such as abortion provision.

In August 2016 through philanthropic funding we commenced the 'Screening to Safety' project to allow for improved responses for women accessing abortion services who are at a higher risk of domestic violence. The project will establish an educational program with practical resources for professionals and a supplementary contraception access program.

Conclusion: These women present with a specific set of issues, which professionals need to understand in order to provide appropriate support, most notably identifying reproductive

coercion, recognising the importance of timely abortion access and meeting contraceptive needs.

Ms Pia Riley, Violence Prevention Project Officer, Violence Abuse and Neglect Service, Illawarra Shoalhaven Local Health District.

Enhancing responses to after-hours domestic violence presentations at a rural NSW Emergency Department

The Shoalhaven Local Government Area has some of the highest rates of police recorded domestic violence assault-related incidents in the Local Health District. However, the Shoalhaven District Memorial Hospital Emergency Department (SDMH ED) had no after-hours service to provide appropriate psychosocial support and referrals (including risk assessment and safety planning) for women and children experiencing domestic violence, presenting after-hours. In early 2016, a combined sexual assault and domestic violence on-call (after-hours) service was trialled and evaluated for SDMH ED. Results include a 67% increase in domestic violence-related referrals to the on-call service, and an 84% increase in confidence of SDMH ED staff to better recognise, respond and appropriately refer clients who may be experiencing domestic violence.

Mrs Heather Shorten, CEO/Social Worker, Extraordinary Advocates

Engaging the Family in Domestic Violence Cases

The most recent figures from the AIHW indicate that during 2013-14 there were 198,966 Australian children suspected of being harmed or at risk from abuse and/or neglect. The harm most commonly experienced is emotional abuse and child neglect, including children who witness domestic violence (AIHW, 2015). The high proportion of emotional abuse is a relatively new phenomenon (AIHW, 2011). The inclusion of children who have witnessed domestic violence is likely one of the key reasons for the high rates of documented emotional abuse (Holzer & Bromfield, 2008). As a result, child welfare Social Workers are more likely to encounter families effected by and/or experiencing domestic violence, therefore it is extremely important for Social Workers and other mandated reporters to be able to recognize the signs of domestic violence and work effectively with these families.

Traditionally child abuse and neglect cases are open in the mother's name, even in cases of domestic violence where the mother herself is also a victim. When we do this we re-victimize the victim by labeling her as a child abuser. We do this by creating a case plan for the victim that may not be in the best interest of the family. Often time we don't engage the perpetrator or include him or her in the case plan. When we do this, it hurts our chances of effectively helping this family and may put them at further risk for domestic violence. The goal of my presentation is to provide Social Workers and other social services professionals with the tools and interview skills to effectively engage families experiencing domestic violence, ultimately leading to keeping children safely in the home through partnerships with the victim and intervening with and engaging the perpetrator.

Ms Eileen Brownless, Executive Officer, Bendigo Loddon Primary Care Partnership

Setting the Groundwork: Benchmarking Gender Equity and Family Violence Prevention Supportive Practice.

Violence against women is serious, widespread and preventable. It comes in many forms, affecting families across Australia irrespective of socio-economic status, age or cultural background.

Violence takes an intense, long-term toll on the health and wellbeing of women and children, and on communities and society as a whole.

To prevent violence before it occurs environments need to be created where women are not only safe, but respected, valued and treated as equals in their private lives and in public.

Health and community service organisations play an important role in the safety and wellbeing of women and families, influencing not just their employees and clients, but also the community more broadly. Violence is everybody's business.

As such, they have an opportunity and responsibility to address the drivers of gender violence by taking steps to integrate the principles of equality, respect and non-violence in their culture, policies and programs.